Description Common Commo	461	52-044	_(ATH		ARD CERTI	ALTH - STAND						
VS 300 Rev. 4/59 1 1 2 4/03/3 3 1 1 FLACE OF DEATH 6. COUNTY St. LOUIS MISSOURI. 1. COUNTY St. LOUIS MISSOURI. 2 4/03/3 3 2 4/03/3 3 2 10 2 4/03/3 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 4	BER	STATE FILE NUM	L1797	legistrar's No.	No. 1003 Reg	mary Registration Distr		Registration District No				OT WRITE	DO NO
B. C.ITY (If outside corporate limits, give IOWNSHIP only) 1 2 4/03/3 3 2 4 /	sidence before	J. If institution: R	ere deceased live		·			1. PLACE OF DEATH	- =;			THIS STUB	ON TH
1 1 1 1 1 1 1 1 1 1	admission) S	T. Loui	UN COUNTY 5	F71336L		-			_		요		
C. FULL NAME OF (of NOT in hospital, give location) 12/03/3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Inside Limits Yes No 🗆	,		OR /	i II o			OR			VEN	v. 4/37	Rev.
3 2 4 / 5 2 6	Reside on Farm		(If cutside, g		Inside Limits d. ST		If NOT in bossital, also los	A FILL MANE OF 716	-	111			1
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5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birrhoday) Womths Days H Widowed White 10a. USUAL OCCUPATION (Give kind of work done down in the following most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done down in the following most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11a. BIRTHPLACE (City and state or country) 12a. FATHER'S NAME Lenz, Nicholas Dickens Catherine Jahn. Address Yes, no, or upknown) (If yes, give was or dates of servic life, even if retired) 11a. CAUSE OF DEATH (Enter only one cause par line limited) 11a. CAUSE OF DEATH (Enter only one cause par line limited) 11b. MOTHER'S MAIDEN NAME Dickens Catherine Jahn. Address Yes, no, or upknown) (If yes, give was or dates of servic limited) 11a. CAUSE OF DEATH (Enter only one cause par line limited) 11a. CAUSE OF DEATH (Enter only one cause par line limited) 11b. MOTHER'S MAIDEN NAME Dickens Catherine Jahn. Address Conditions, if any, which gave rise to stating the underlying cause last. Due to (b) stating the underlying cause last. Due to (c) PART II. OTHER'S IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal performance of injury in PART II of the stating the underlying cause last. Due to (c) PART II. OTHER'S IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal performance of injury in PART II of the part in of the performance of injury in PART II of the part in of the part in of the performance of injury in PART II of the part in of the performance of injury in PART II of the part in of the part in of the performance of injury in PART II of the part in of the performance of injury in PART II of the part in of the performance of injury in PART II of the part in of the performance of injury in PART II of the part in of the performance of injury in PART II of the part in of the performance of injury in PART II of the part in of the performance of injury in PART II of the per	Year	th Day	F	l of	Lest			3. NAME OF DECEASED	1 -			2	3
Female White Widowed X Divorced 5-28-92 70 Months Days H 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOLISEWI CE 13a. FATHER'S NAME Lenz, Nicholas Dickens Catherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of stervic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to show cause (a), string cause (a), s	62 IF UNDE 224 H	2 8				\mathcal{M}			_				4
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13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 12. CACLAL SECURITY M.D. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 12. CACLAL SECURITY M.D. 17. INFORMANT Address 18. CAUSE DEATH (Enter only one cause per line INTERV ONSET 19. CAUSE OF DEATH (Enter only one cause per line INTERV ONSET 19. CAUSE OF DEATH (Enter only one cause per line INTERV ONSET 19. CAUSE OF DEATH (Enter only one cause per line INTERV ONSET 19. CAUSE OF DEATH (Enter only one cause per line INTERV ONSET 19. CAUSE OF DEATH (Enter only one cause per line INTERV ONSET 19. CAUSE OF DEATH (Enter only one cause per line INTERV ONSET INTERV ONSET 19. CAUSE OF DEATH (Enter only one cause per line INTERV ONSET INTE	HAT COUNTRY	12. CITIZEN OF W				106. KIND OF BUSIN	ON (Give kind of work done	10a. USUAL OCCUPATION				_2_	
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TRIMARY SITE OF CARCINOLIA - UN KNOWN) 19. WAS AUTOPSY PERFORMED? PERFORMED. PERFORMED? PERFORMED.			<i>Z</i>	156.		(c)	g the under-	stating					13
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P.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY form, factory, street, office bldg., etc.)	Unknow	☐ Yes 🗶 No			ປນ Kນອນນໍ	ARCINOHA .	e site of	PRIMARY	Ę.				
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20d. INJURY OCCURRED STATE OF INJURY (e.g., in or about home, office bldg., etc.) 20d. INJURY OCCURRED STATE OF INJURY (e.g., in or about home, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, streef, office bldg., etc.) 21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the causes of the date stated above, and to the best of my knowledge, from the date stated above, and the date stated above.							m.	INJURY a.m.	EDICAL		YWE	, o	¥
21. I attended the deceased from 1162	STATE	COUNTY	ION	, TOWN, OR LOCATI		E OF INJURY (e.g., in factory, street, office b	RRED 20e. PLAC RK farm,	20d. INJURY OCCURR WHILE AT WORK	>			RIBE	Z ¥
Death occurred at		2-8.62	her alive on 1	and last say	10 12-8-62	·	7.17-2				✓	정원	AC.
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Degree of title)	22c. DATE SIGNE			DDRESS	22b. ADD	gree or title)	, (0)	22a. SIGNATURE	<u> </u>		SHOULD	ایکا	USE
E 5 E Low R. School No. Firmin Debloge Hospital 1	12 10/62	tal					R. School	John &	=		ĬŠ.	Σ	_
236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)	, or county)			METERY OR CREMATORY	23c. NAME OF	ON, 23b. DATE	23a. BURIAL, CREMATION REMOVAL (Specify)	23	1 1 1	ö		
Bremoval (Specify) /2-1/-1962 Calvavu ST. Lovis ADDRESS 8806 25. DATE RECD. BY LOCAL REG. 26. REGISTRATISE of ADDRESS 8806 DEC. 10. 1002	<i>M</i> 2	GNATURE 4			25. DATE RECD. BY	DRESS FROC	R AE		₹ →	AFFI	Ž		
O'Sullivan Muckle Kron Jennings DEC 10 1962 Man Smith.	. //. V.	smun	RDAN	1962	DEC 10	Jennina	Tuckle Kron		- 1 .		ITE	ļ	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	COD 1-001 1-00
StudentSignature of Student Embalmer	Signed Whit May fuld
	Licensed Embalmer No. 3877
	P. O. Address Lower Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.